February 11, 2010

Dear Senator and Representative

When Governor Rell submitted her proposed budget to the Legislature, it eliminated funding in DCF's budget for Enhanced Care Coordination/Managed Service Systems. This program was created by DCF in response to the Consent Decree's requirement that the number of children in residential facilities and out of state placements be reduced. While the focus remains to reduce the number of children in residential treatment, ECC also actively works to prevent children from entering residential treatment by providing clinical assessments of the children and families, collaborating and brainstorming with a team of community providers to ensure timely and appropriate treatment, and monitoring the efficacy of treatment.

The children and families that are referred to Enhanced Care Coordination are among the most at risk in the state. All referrals originate from the Department of Children and Families. Many of the children referred have multiple mental health diagnoses, neurodevelopmental challenges, and histories of trauma and abuse. When these children are experiencing emotional and behavioral challenges, they frequently utilize Emergency Rooms, Emergency Mobile Psychiatric Services, inpatient hospital beds, sub-acute beds, and partial hospitalization programs, as well as needing special education services and Clinical Day Schools. Ensuring that these children have a comprehensive clinical case manager is essential for their daily functioning in the community, and can reduce the need for more restrictive and costly interventions. A year of residential treatment costs approximately \$165,000 per year (including board, care and education). In contrast, intensive in home treatment with therapeutic mentoring/respite costs approximately \$57,000, an annual savings of \$98,000.

Additionally, if a child does require residential treatment; the length of treatment is often reduced. The Enhanced Care Coordinator is able to continue to monitor that child's progress in treatment, maintain contact with the family, and ensure that the treatment goals for the child and family are clinically appropriate. Children are able to return to the community and receive the continuity of care they would not have received if this program was eliminated. Enhanced Care Coordination has been extremely successful in the Eastern Region of the State (Norwich, Willimantic, and Middletown). It employs 5 clinical coordinators, each serving at least 24 families per year. Keeping one child out of residential treatment pays the salary of two Enhanced Care Coordinators for one year. In my opinion, this is money well spent.

Sincerely,

Corinne Lewis-MSW